Name	Jan						
Full	James Bell				CERTIFICATE OF I	DEATH	
· ·	Died at Marion		Lamerae	ty_	MARYLAND		
>	Date of death 1903 man.	2 4 Day	Age Stears	rs Months			
ED BY	sex male.	cale. Color or Welle			Birth- place Md		
ANSWERED REST FRIEN	Occupation Where Residing if not at place of death						
	Married, Single or Widowed Married Husband Name of Wife or Name			Rell			
OF N	Father's Name & wiffey Long			Father's Birthplace			
	Mother's Maiden Name			Mother's Birthplace			
	Name of person giving In formation			How related to deceased			
		CAUSE	S OF DEATH	]			
	Primary gastrite	o4)		How long	4 ms.		
SICIAN	Immediate			How long			
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?		Signature of P. Yee Hall on I			),	
<u>a</u>			Address P	-com	el.		
8	Accident or Suicide?			med	4		
					IBRARY SUREAU ABBSIS		

Thu Cofy Off Smuch n. N. 7-9-14

Name in Full	Lizzi B	weish			CERTIFICAT	TE OF DEATH	
	Died at Town .	10	County		MAR	YLAND	
>	Date of death 1903 Month	1 0 -	Age 75	Mo	Months Da		
ED BY	Sex femule	Color or Race	3locy	Birth- place	Zruf.		
ANSWERED REST FRIEN	Wann Wife		Where Residing if not at place of death				
	Married, Single or Widowed	Name of Wite of Husband	Ges Af.	Bur	Lack		
TO BE	Father's Colloged 7	Lucian	Father's Birthplace				
ř	Mother's Maiden Name	Carr	Herm	Mother's Birthplace			
	Name of person giving OO In formation		G.	How relate to decease			
		CAUS	ES OF DEATH				
	Plimary	Jones		How long	720	-	
IAN	Immediate			How long	1		
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	4.29	Lace	Λ	
4 8			Address &	who	ied o	nd)	
8	Accident or Suicide?			0	LIBRARY BUREA	U A88A1A	
					and the same of th		

Fru Copy Formula M. N. N. 1-9-04

Name in Full	Not 32 8			CERTIFICA	TE OF DEATH
Pull	Died at	County	1.		YLAND
>	Date of death 1903 Month Day	Age	Mon	ths	6 Days
ED BY	Sex Mu Color or Race	Wheli	Birth- place	nes	
ANSWERED REST FRIEN	Occupation	Where Residing if not at place of death			
	Married, Single Surger Name of W or Widowed Husband	ife or			
TO BE	Father's Hu Elgur Bri	Veris how	Father's Birthplace	deel	
	Mother's Real Pole No.	e oth	Mother's Birthplace		
	Name of person giving In formation		How related to deceased		
		CAUSES OF DEATH			
	Primary		How long		
CIAN	Immediate Estherina		How long		
PHYSICIAN R CORONE	Are the name, age, sex, color.date and place correctly given above?	Signature of Physician	336	wel	2
P OR		Address	Yeing H	6n >	net
	Accident or Suicide?		1	BRARY BUREA	U A88516

Inne Cofy I Swell on D.

Name in Full	frost W	omia			CERTIFICA	ATE OF DEATH
	Died at muttern	N	Come	ounty .		RYLAND
>	Date Month of death 1903	Day	Age 7	М	onths	Days
ED BY	sex mol	Color or Race	Roell	Birth- place	my	
ANSWERED	Occupation Phoening	0	Where Residing if no at place of death	ot		
	Married, Single Married Name of Wifa or many Grun			un		
NEA NEA	Father's Name Leven Worm On			Father's Birthplace		
10	Mother's Maiden Name My Acardo			Mother's Birthplace		
	Name of person giving In formation			How relate to decease		
		Caus	ES OF DEATH			
	Primary Not give			How long		X
IAN	Immediate	•		How long		
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of C.	In North	eile 7	Bn
- C - C			Address	in	idiolo	Kens
	Accident or Suicide?		on!	Thomas		
				All the second	LIBRARY BURE	AU A86818

Cfy ton 2.

Name in Full	Steli Non	- an-			CERTIFICA	TE OF DEATH
	Died at County			1		RYLAND
>	Date of death 1903	a s-	Age Years	Mo	onths	Days
ED BY	Sex famali	Color or K	tich .	Birth- place	m	
ANSWERED REST FRIEN	Occupator  Where Residing if not at place of death					
	Married, Single norwidowed Messaul Name of Wife or Husband Aohn Down			n ann		
TO BE	Father's Name			Father's Birthplace		
	Mother's Maiden Name fur Con		Mother's Birthplace			
	Name of person giving In formation			How relate to decease		
		CAUSE	S OF DEATH			F 60
	Primary	ub		How long	DJa	mb
RONER	Immediate			How long	U	
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	140	4	
F			Address -C	26 12	ich	
	Accident or Suicide?			0		
					LIBRARY BUREA	AU A88816

If Sunt Da. 2

in Full	folli Elles	rd			CERTIFIC	ATE OF DEATH
	Died at Class De	und-	Count	al	MA	RYLAND
`	Date of death 1903	Day	Age Years		Months	Days
FRIEND	Sex tamols	Color or Race	hili	Birth- place	hus	
ANSWERED REST FRIEN	Occupation		Where Residing if not at place of death			
ANSW	Married, Single Name of Wife or Husband					
TO BE	Father's Name			Father's Birthplace		
	Mother's Maiden Name			Mother's Birthplace		
	Name of person giving In formation			How rela to deceas		
	2	Caus	ES OF DEATH			
	Primary G. J. F.	ndia		How long		
NER	Immediate			How long		
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
9 E O			Address Dr	D. W.	amb	
8	Accident or Suicide?			Prai	du me	•
-					LIBBARY BURE	PIEERA UAT

Copy 9. A. Swith on 2. 7-9-04

in Full	Wet aines	-			CERTIFIC	ATE OF DEATH
	Died at Town		County	at.	MA	RYLAND
>	Date of death 1900	2 0 2	Years ge	M	onths	Days
ED BY	Sex Kunsle	Color or Race	ili	Birth- place	mel	
ANSWERED REST FRIEN	Occupation		Where Residing if not at place of death	Berry		
	Married, Single or Widowed Cugle	Name of Wite or Husband				
TO BE	Father's Name	Geo Joyneh, Father's Birthplace				
	Mother's Maiden Name	an John Mother's Birthplace				
	Name of person giving In formation	1		How relate to decease		
	0 0	CAUSES	OF DEATH			
	Primary White was	cough		How long	d WE	24
CIAN	Immediate			How long		
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	Sig Phy	nature of sician	1:1	ord	
PHO			Address	N	•	
2	Accident or Suicide?					
					LIBRARY BUR	EAU ABSSIS

Fruit on N.

1-9-04

Name	0	,				
Full	19 my mon Tota	mo			CERTIFICA	TE OF DEATH
	Died at Joseph Town	and	County	el	MAR	YLAND
	Date Month of death 1903	Day	Age	M	onths_	Days
ANSWERED BY	Sex mol-	Color or Race		Birth- place		
ANSWERED	Occupation	Where Residing if not at place of death				_
ANS	Married, Single Name of Wife or or Widowed Husband					
TO BE	Father's Edward I domis		Father's Birthplace			
	Mother's Maiden Name has air I Ama has		<b>A</b>	Mother's Birthplace		
	Name of person giving			How related to deceased		
		CAUSI	ES OF DEATH			
	Primary Pawin'			How long		
IAN	Immediate			How long		
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. G	Vend	0
PHO		Address		ealt	, tolo	Ku
	Accident or Suicide?				LIBRARY SUREA	/

Luc Copy 2 Johnston N.

Name	11			
Full #	Homes		CERTIFICAT	E OF DEATH
	Died at Deals Island Innerest	60.	MARY	LAND
ВУ	Date of death 190 3 March Day Age 44	Mor	nths	Days
	Sex Ferrale Color or White	Birth- place	ld,	
ANSWERED REST FRIEN	Occupation Where Residing if not at place of death	***		
ANSW	Married, Single Manuel Name of Wife or & B. Husband	mer		
o Z	Father's Thos. Orgman	Father's Birthplace		
	Mother's Maiden Name	Mother's Birthplace		
	Name of person giving In formation	How related to deceased		
	CAUSES OF DEATH			
	Primary Juberculosis	How long	10mm	
IAN	Immediate	How long		
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?  Signature of Physician	Mui	elson	N. D.
9 RO	Address	es Eus	nter	
	Accident or Suicide?	7	rd.	
-		4.1	IMMANU MISSEALI	A89816

Ince Copy 7- 9-04

Name	11 11 11 9				
Full	Now 14-1 yoursely		CERTI	FICATE OF DEATH	
	Died at Cristicis	foresul.		MARYLAND	
BY	Date of death 1903	Age Years	Months	Days	
	Sex Mul Color or Race	Chili 1	Birth- place		
ANSWERED	Occupation Where Residing if not at place of death				
ANSV	Married, Single Name of Wile or Husband Husband				
0 2	Father's Rame Birthpla				
	Mother's Maiden Name Morard How	Mother's Birthplace			
	Name of person giving In formation	7	How related to deceased		
	CAL	ISES OF DEATH			
	Primary Constant	A	How fong		
SIAN	Immediate		How long		
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?				
PIOR		Address	ristill y	w	
1	Accident or Suicide?		0	UNICALI ASSAIG	

In Copy 3. J. Lunckon J

in Full	fo Pomer	toheren	20	. с	ERTIFICATE OF DEAT	Н
	Died at Month of death 1903	Day Age	County	Month	MARYLAND Days	
TO BE ANSWERED BY NEAREST FRIEND	Sex Moli	Cofor or Race	here Residing if not	Birth- place 2	w) /	1
	Married, Single or Widowed Father's A A A	Name of Wife or Husband		Father's	pul	
	Mother's Marden Name  Name of person giving In formation	ellins		Birthplace  Mother's Birthplace  How related to deceased	ins)	1
	In formation	CAUSES OF	DEATH	10 000000		
PHYSICIAN OR CORONER	Immediate Are the name age, sex, color, date and place correctly given above?  Accident or Suicide?	Signa Physic	ture of Jan Address	min	in the	
				LIB	RARY BUREAU AGGOLG	

Frue Copy If Frieth on, 2.

in Full	Paymond Maddo	nt	CERTIF	TICATE OF DEATH
	Died at turn our	sel n	VARYLAND	
>	Date Month Day of death 1903	/ Age Years	Months	Days
ED BY	Sex ON H Color or Race	Colored	Birth- place	
ANSWERED	Occupation	Where Residing if not at place of death	, and the second	
TO BE ANSW	Married, Single or Widowed Name of W. Husband	ile or		
	Father's Reulin models	4	Father's Birthplace	
	Mother's Maiden Name Church MH	ldar	Mother's Birthplace	
	Name of person giving In formation		How related to deceased	
	C	AUSES OF DEATH		
	Primary NR4WW		How long	
Z Z Z	Immediate		How long	
PHYSICIAN R CORONER	Are the name, age, sex, color.date and place correctly given above?	Signature of Physician	wift Here	
0 HO		Address		
-	Accident or Suicide?			
			LIBRARY B	UREAU A09516

Ime Cofy I familh on w.

Name in Full	L'enora Ne	don		311	CERTIFICA	TE OF DEATH	
D BY	Died at Cres Lead		Som es	il-	MAR	YLAND	
	Date of death 1903	Day	Age Year	Mor	nths	Days	
	Sex ferrale	Color or Race	Whili	Birth- place	Par		
WERED	Occupandii		Where Residing if not at place of death				
BE ANSWERED NEAREST FRIEN	Married, Single or Widowed	Name of Wife or Husband		,			
			Father's Birthplace				
5	Mother's Maiden Name Curin To - N Llave		Mother's Birthplace				
	Name of person giving			How related to deceased	How related to deceased		
		CAUS	SES OF DEATH			. 6	
	Primary Mary			How long			
AN	Immediate			How long			
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	5: 1tw			
HO HO			Address	Criste	ild r	w).	
· X	Accident or Suicide?		1	0			
110				1	IBRARY BUREA	U A83516	

Time Copy PA Junet m. J.

Name in Full	Thos. F. Russell			CERTIFICATE OF DEATH	
	Died at le ris field	Imerset		MARYLAND	
BY	of death 190 3 March 6	Age 47	9 Mon	ths 24 Days	
L-1	Sex Male Color or Race	White	Birth- place 2	nd	
ANSWERED REST FRIEN	Occupation	Where Residing if not at place of death			
	Married, Single Name of W or Widowed Husband	Tile or mathild o	-J. R.	issell	
N EA			Father's Birthplace		
OF	Mother's Maiden Name of Doing Centy		Mother's Birthplace		
	Name of person giving How relation to decease				
		CAUSES OF DEATH			
	Primary acule Brial	its	How long	gday-	
SICIAN	Immediate		How long	P	
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Som	ers M, D	
T OR		Address	is fiel	ld.	
8	Accident or Suicide?		ma	,	
-			LI	BRARY BUREAU ASSSIS	

Jone Tepy 2 J. Tunkon N.

Name in Full	John M. Lines	ile			CERTIFIC	ATE OF DEATH	
	Died at my Town		County		MARYLAND		
TO BE ANSWERED BY NEAREST FRIEND	Date Month of death 1903	Day	Age	M	onths	Days	
	Sex In ola	Color or Race	Chili	Birth- place	200)		
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed	Name of Wile or Husband					
	Father's Name on Smill			Father's Birthplace			
	other's aiden Name		Mother's Birthplace	Mother's Birthplace			
	Name of person giving In formation				How related to deceased		
		CAUSE	S OF DEATH	7			
	Primary Agwin			How long			
HCIAN	Immediate			How long			
on o	Are the name,age,sex,color.date and place correctly given above?		Signature of C.	m. 160	Line		
PHY	, ,		Address	( und	Mil	0)	
8	Accident or Suicide?		my/	mon h	1		
					LIBRARY BURE	AU A80516	

Tome Ofy I Stunct on 2.

in Full	fond l'an	is The	,		CERTIFIC	ATE OF DEATH	
ED BY	Died at Town bills for one		ounty .	MARYLAND			
	Date of death 1903 Month	Day 31	Age /	3 <sup>M</sup>	onths	· 13	
	Sex male	Color or Race	hili	Birth- place	mes		
ANSWERED REST FRIEN	Occupation	Where Residing if not at place of death					
Ser.	Married, Single or Widowed	Name of Wife or					
NEA				Father's Birthplace			
0 -			Mother's Birthplace				
	Name of person giving In formation				How related to deceased		
		CAUSE	S OF DEATH				
	Primary Witherse Ma	Pharlin		How long			
NER	Immediate			How long			
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	lanner	6. Co	Clark	
F O F			Address	Corste	ied	and	
2	Accident or Suicide?						
					LIBBARY BURE	EAU A68816	

A Smith on is 7-9-

Name	Ist who hastate		CERTIFICATE OF DEATH	
Full	Died at Farmifunt form		MARYLAND	
	Date of death 1903 3 Ag		Months Days	
END BY	Sex male Color or Whal	Birth- place	mel.	
ANSWERED	Occupation by slimmer a	Where Residing if not t place of death		
- Like	Married, Sing Morred Name of Wile or G	une took		
TO BE	Father's Name Wolson Father Birth		ace	
F	Maiden Name		Mother's Birthplace	
	Name of person giving In formation	How rela to decea		
	CAUSES O	F DEATH		
	Primary Connection	How long	18 m	
IAN	Immediate	How long		
PHYSICIAN R CORONER	Are the name,age,sex,color.date Signiand place correctly given above? Phys		40 2. N.	
9 8		Address	mul-ml)	
6	Accident or Suicide?		LIBRARY BUREAU A88516	

Ine Thy 7-9-04

Name	0 1 1 0 1 1	4-			
in Full	loolumbus 7. Webs	ter	CE	RTIFICATE OF DEATH	
,	Died at Ocals Island	Emerse	lou, Months	MARYLAND	
	Date of death 1903 Month 1H	Age 65	Months	Days	
FRIEND	Sex Kace	rhite	Birth- place	d.	
	Occupation Waterman	Where Residing if not at place of death			
	Married, Single Manual Name of Wile of Widowed Husband	nL. R. M	elste		
BE	Father's James Webster		Father's Birthplace		
0 -	Mother's Maiden Name Krysie Mel	Mother's Birthplace			
	Name of person giving In formation		How related to deceased		
	CAU	SES OF DEATH			
	Primary helphritis		How long		
NER	Immediate		How long		
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Truds	or M. D.	
A HO		Address Dan	us du	arter,	
	Accident or Suicide?	22	d.		
			LIBRA	RY MUREAU ASSSIG	

Top Sunch an N.

Name	Louise may Whi	+,		
Full	1 1000		CERTIF	ICATE OF DEATH
>	Died at Dames Townerter	County		TARYLAND
	Date of death 1909 Month 13-	Age Years	Months	19 Days
ED BY	Sex Fernale Color or A	Plute	Birth- place Md	
ANSWERED E	Occupation	Where Residing if not at place of death		
ANS	Married, Single Name of Wile or Husband			
NEAL	Father's John While		Father's Birthplace	
۴ <sup>2</sup>	Mother's Marden Name		Mother's Birthplace	
	Name of person giving In formation	How related to deceased		
	CAUS	ES OF DEATH		
	Primary meningitis		How long	
SICIAN	Immediate	^ -	How long	
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician L.J. Muidson		840
G HO		Addiess	o Quarte	٠,
>	Accident or Suicide? •	ma,		
LIBRARY SUREAU ASSRIG				

Thu Cofy

9 A Sweeth and

7-9-04

Name	1.				
in Full	Kanis Tield			CERTIFICATE OF DEATH	
	Died at Peris field Somerset		MARYLAND		
ED BY	Date of death 1903 march Ex	Age 3 Tears	Мо	nths Days	
	Sex Fernale Color or Roce	loved	Birth- place		
VER	Occupation	Where Residing if not at place of death			
ANSWERED E	Married, Single Married Name of Wife or Husband	-			
NEA NEA	Father's Name		Father's Birthplace		
10	Mother's Maiden Name		Mother's Birthplace		
	Name of person giving In formation	How related to deceased			
	CAUSE	S OF DEATH			
	Primary Bright's Dis Case		How long	6 years	
HYSICIAN	Immediate		How long		
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	Signature of M. H	Couls	bourn M.D.	
e o		Address	Liel	d mal	
0	Accident or Suicide?		•	SERARY BUREAU ASSS16	

The second Levelton